

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944
120

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No.

Registrar's No.

14634

4197

50

1. PLACE OF DEATH:

(a) County BENTLEY
(b) City or town STANBERRY, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H. Elm. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 years (Specify whether years, months or days)
In this community 46 years

3. (a) PRINT

FULL NAME Mr. Isaac Haas

3. (b) If veteran, name war V

3. (c) Social Security No. DONE

4. Sex Male 5. Color or race Jewish 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Isaac Haas 6. (c) Age of husband or wife 57 years
7. Birth date of deceased Jan 19 1888 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Bamberg, Green, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation retired Merchant

11. Industry or business Clothing Store

12. Name Alexander Haas

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Mary Haas

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert Haas

(b) Address 427 Greenway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15 - 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Adams Park & Cemetery

18. (a) Signature of funeral director John F. Phillips

(b) Address Stanberry, Mo

19. (a) 4-22-44 (Date received local registrar) (b) John F. Phillips (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bentley
(c) City or town Stanberry (If outside city or town limits, write "RURAL")
(d) Street No. H. Elm St. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 20 year 1944 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from MAY 10 1943 to APRIL 20 1944
that I last saw him alive on APRIL 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Larynx and part of Esophagus

Due to

Due to

Other conditions 47a (Include pregnancy within 3 months of death)

Major findings: Of operations C

Of autopsy V

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) V

(b) Date of occurrence V

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury V

23. Signature F. J. Hinkley (M. D. prothon)

Address Stanberry, Mo Date signed 4-22-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 21 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.